

COMMITTEE REPORT

MR. PRESIDENT:

The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1872, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

- 1 Page 1, between the enacting clause and line 1, begin a new
- 2 paragraph and insert:
- 3 "SECTION 1. IC 12-7-2-76.6 IS ADDED TO THE INDIANA
- 4 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 5 [EFFECTIVE UPON PASSAGE]: **Sec. 76.6. "Emergency medical**
- 6 **condition", for purposes of IC 12-15-12, has the meaning set forth**
- 7 **in IC 12-15-12-0.3.**
- 8 SECTION 2. IC 12-7-2-76.9 IS ADDED TO THE INDIANA CODE
- 9 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE
- 10 UPON PASSAGE]: **Sec. 76.9. "Emergency services", for purposes**
- 11 **of IC 12-15-12, has the meaning set forth in IC 12-15-12-0.5.**
- 12 SECTION 3. IC 12-7-2-142.8 IS ADDED TO THE INDIANA
- 13 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 14 [EFFECTIVE UPON PASSAGE]: **Sec. 142.8. "Post-stabilization care**
- 15 **services", for purposes of IC 12-15-12, has the meaning set forth in**
- 16 **IC 12-15-12-0.7.**
- 17 SECTION 4. IC 12-15-12-0.3 IS ADDED TO THE INDIANA
- 18 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 19 [EFFECTIVE UPON PASSAGE]: **Sec. 0.3. As used in this chapter,**
- 20 **"emergency medical condition" means a medical condition**
- 21 **manifesting itself by acute symptoms, including severe pain, of**

sufficient severity that a prudent lay person with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

(1) serious jeopardy to the health of:

(A) the individual; or

(B) in the case of a pregnant woman, the woman or her unborn child;

(2) serious impairment to bodily functions; or

(3) serious dysfunction of any bodily organ or part.

SECTION 5. IC 12-15-12-0.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 0.5. As used in this chapter, "emergency services" means covered inpatient and outpatient services that are:**

(1) furnished by a provider qualified to furnish emergency services; and

(2) needed to evaluate or stabilize an emergency medical condition.

SECTION 6. IC 12-15-12-0.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 0.7. As used in this chapter, "post-stabilization care services" means covered services related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition."**

Page 1, line 1, delete "IC 12-15-15-11" and insert "IC 12-15-12-15".

Page 1, line 3, delete "11." and insert "15."

Page 1, line 4, after "and" delete "the" and insert "a".

Page 1, delete lines 7 through 8.

Page 1, line 9, delete "(2)" and insert "(1)".

Page 1, line 9, after "all" insert "**medically necessary**".

Page 1, line 9, after "screening" insert "**services provided to an individual**".

Page 1, line 9, delete "beyond procedures".

Page 1, line 10, delete "routinely performed on all individuals".

Page 1, line 11, delete "regardless of the individual's actual" and insert "**with an emergency medical condition; and**".

Page 1, delete lines 12 through 13.

Page 1, line 14, delete "(3)" and insert "**(2) beginning July 1, 2001,**".

Page 1, line 14, after "deny" insert "**or fail to process**".

Page 1, line 14, after "for" insert "**reimbursement for**".

Page 1, line 17, delete "; and" and insert ".".

Page 2, delete lines 1 through 2, begin a new paragraph and insert:
 "SECTION 8. IC 12-15-12-17 IS ADDED TO THE INDIANA
 CODE AS A NEW SECTION TO READ AS FOLLOWS
 [EFFECTIVE UPON PASSAGE]: **Sec. 17. (a) This section applies to
 post-stabilization care services provided to an individual enrolled
 in:**

- (1) the Medicaid risk-based managed care program; or**
- (2) the Medicaid primary care case management program.**

**(b) The office, if the individual is enrolled in the primary care
 case management program, or the managed care organization, if
 the individual is enrolled in the risk-based managed care program,
 is financially responsible for the following services provided to an
 enrollee:**

**(1) Post-stabilization care services that are pre-approved by
 a representative of the office or the managed care
 organization, as applicable.**

**(2) Post-stabilization care services that are not pre-approved
 by a representative of the office or the managed care
 organization, as applicable, but that are administered to
 maintain the enrollee's stabilized condition within one (1)
 hour of a request to the office or the managed care
 organization for pre-approval of further post-stabilization
 care services.**

**(3) Post-stabilization care services and other covered services
 provided after an enrollee is stabilized that are not
 pre-approved by a representative of the office or the managed
 care organization, as applicable, but that are administered to
 maintain, improve, or resolve the enrollee's stabilized
 condition if the office or the managed care organization:**

- (A) does not respond to a request for preapproval within
 one (1) hour;**
- (B) cannot be contacted; or**
- (C) cannot reach an agreement with the enrollee's treating
 physician concerning the enrollee's care, and a physician
 representing the office or the managed care organization,
 as applicable, is not available for consultation.**

**(c) If the conditions described in subsection (b)(3)(C) exist, the
 office or the managed care organization, as applicable, shall give
 the enrollee's treating physician an opportunity to consult with a
 physician representing the office or the managed care
 organization. The enrollee's treating physician may continue with
 care of the enrollee until a physician representing the office or the**

managed care organization, as applicable, is reached or until one
(1) of the following criteria is met:

(1) A physician:

(A) representing the office or the managed care organization, as applicable; and

(B) who has privileges at the treating hospital; assumes responsibility for the enrollee's care.

(2) A physician representing the office or the managed care organization, as applicable, assumes responsibility for the enrollee's care through transfer.

(3) A representative of the office or the managed care organization, as applicable, and the treating physician reach an agreement concerning the enrollee's care.

(4) The enrollee is discharged from the treating hospital.

(d) This subsection applies to post-stabilization care services and other covered services provided under subsection (b)(1), (b)(2), and (b)(3) to an individual enrolled in the Medicaid risk-based managed care program by a provider who has not contracted with a Medicaid risk-based managed care organization to provide post-stabilization care services and other covered services under subsection (b)(1), (b)(2), and (b)(3) to the individual. Payment for post-stabilization care services and other covered services provided under subsection (b)(1), (b)(2), and (b)(3) must be in an amount equal to one hundred percent (100%) of the current Medicaid fee for service reimbursement rates for such services.

(e) This section does not prohibit a managed care organization from entering into a subcontract with another Medicaid risk-based managed care organization providing for the latter organization to assume financial responsibility for making the payments required under this section.

(f) This section does not limit the ability of the office or the managed care organization to:

(1) review; and

(2) make a determination of;

the medical necessity of the post-stabilization care services provided to an enrollee for purposes of determining coverage for such services.

SECTION 9. IC 12-15-12-18 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 18. (a) Except as provided in subsection (b), this section applies to:

1 **(1) emergency services provided to an individual enrolled in**
 2 **the Medicaid risk-based managed care program; and**
 3 **(2) medically necessary screening services provided to an**
 4 **individual enrolled in the Medicaid risk-based managed care**
 5 **program who presents to an emergency department with an**
 6 **emergency medical condition.**

7 **(b) This section does not apply to emergency services or**
 8 **screening services provided to an individual enrolled in the**
 9 **Medicaid risk-based managed care program by a provider who has**
 10 **contracted with a Medicaid risk-based managed care organization**
 11 **to provide emergency services to the individual.**

12 **(c) Payment for emergency services and medically necessary**
 13 **screening services in the emergency department of a hospital**
 14 **licensed under IC 16-21 must be in an amount equal to one**
 15 **hundred percent (100%) of the current Medicaid fee for service**
 16 **reimbursement rates for such services.**

17 **(d) Payment under subsection (c) is the responsibility of the**
 18 **enrollee's risk-based managed care organization. This subsection**
 19 **does not prohibit the risk-based managed care organization from**
 20 **entering into a subcontract with another Medicaid risk-based**
 21 **managed care organization providing for the latter organization to**
 22 **assume financial responsibility for making the payments required**
 23 **under this section.**

24 **(e) This section does not limit the ability of the managed care**
 25 **organization to:**

26 **(1) review; and**

27 **(2) make a determination of;**

28 **the medical necessity of the services provided in a hospital's**
 29 **emergency department for purposes of determining coverage for**
 30 **such services."**

31 Renumber all SECTIONS consecutively.

(Reference is to HB 1872 as printed February 21, 2001.)

and when so amended that said bill do pass .

Committee Vote: Yeas 6, Nays 0.

Senator Miller, Chairperson